	11/13/2019      except that any additions or restrictions previously imposed remain in effect unless specifically rescinded				Department of Health and Human Services Centers for Medicare & Medicaid Services					
2. CFDA NO. 93.624 - State Innovation Model				Office of Acquisitions and Grants Management						
ASSISTANCE TYPE Cooperative Agreement				7500 S	ecurity Bouleva	ard				
GRANT NO. 1G1CMS331630-02-12	5. TYPE OF AWARD				nore, MD 2124					
Formerly 1G1CMS331404	Other									
.FAIN 1G1CMS331630	5a. ACTION TYPE Post	Award Amendment								
PROJECT PERIOD MM/DD/YYYY		MM/DD/YYYY		NOTIC	E OF AW	ARD				
From 06/01/2018	Through	01/31/2020		AUTHORIZATION (Legislation/Regulations) SEC 4360 OBRA of 1990						
BUDGET PERIOD MM/DD/YYYY		MM/DD/YYYY								
From 02/01/2019	Through	01/31/2020								
TITLE OF PROJECT (OR PROGRAM) State Innovation Models: Round Two of Fund	ing for Design and Test Assist	tance								
. GRANTEE NAME AND ADDRESS			95 GRANT	EE PROJECT DIRECTOR						
Office of Health Strategy				Schaefer						
410 Capitol Ave			410 Ca	pitol Avenue						
Hartford, CT 06106-1367			PO Box 340308							
			Hartford, CT 06106							
			Phone:	860-331-2461						
a. GRANTEE AUTHORIZING OFFICIAL				AL PROJECT OFFICER						
Ms. Victoria Veltri				nne Felipe						
450 Capitol Ave			7500 Security Blvd Baltimore, MD 21244-1849							
Hartford, CT 06106-1365 Phone: 860-524-7386			Phone: 4107862482							
	A	LL AMOUNTS ARE	SHOWN IN U	SD						
APPROVED BUDGET (Excludes Direct Assist				OMPUTATION						
Financial Assistance from the Federal Awarding	Agency Only		a. Amount o	Federal Financial Assistance (fror	n item 11m)	18,057,154.0				
Total project costs including grant funds and all	other financial participation	н	b. Less Uno	bligated Balance From Prior Budge	t Periods	9,344,866.0				
a. Salaries and WageS		579,546.00		mulative Prior Award(s) This Budget Period		8,712,288.0				
5 D 0		538,398.00	d. AMOUNT	OF FINANCIAL ASSISTANCE TH	IIS ACTION	0.0				
D. Thige Denents			13. Total Fed	eral Funds Awarded to Date for F	Project Period	30,419,177.4				
		1,117,944.00	(Subject to the availability of funds and satisfactory progress of the project):							
c. Total Personnel Costs				c availability of fullus and satisfacto						
		0.00				I				
d. Equipment		0.00 1,000.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS				
d. Equipment e. Supplies			YEAR a. 3	TOTAL DIRECT COSTS	YEAR d. 6	TOTAL DIRECT COSTS				
d. Equipment     e. Supplies     f. Travel		1,000.00 27,569.00	YEAR a. 3 b. 4	TOTAL DIRECT COSTS	YEAR d. 6 e. 7	TOTAL DIRECT COSTS				
d.      Equipment         e.      Supplies         f.      Travel         g.      Construction		1,000.00 27,569.00 0.00	YEAR a. 3 b. 4 c. 5		YEAR d. 6 e. 7 f. 8					
d. Equipment       e. Supplies       f. Travel       g. Construction       b. Other		1,000.00 27,569.00	YEAR a. 3 b. 4 c. 5	NCOME SHALL BE USED IN ACCORD WITH	YEAR d. 6 e. 7 f. 8					
d. Equipment		1,000.00 27,569.00 0.00	YEAR a. 3 b. 4 c. 5 15. program ALTERNATIVES a.	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION	YEAR d. 6 e. 7 f. 8	NG				
d. Equipment		1,000.00 27,569.00 0.00 1,377.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES b. c. d.	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option)	YEAR d. 6 e. 7 f. 8					
d.    Equipment		1,000.00 27,569.00 0.00 1,377.00 16,909,264.00 18,057,154.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES b. c. d.	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION ADDITIONAL COSTS MATCHING	YEAR d. 6 e. 7 f. 8	NG				
d. Equipment		1,000.00 27,569.00 0.00 1,377.00 16,909,264.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES a. b. c. d. e. 16. THIS AWAR	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) DI SEASED ON AN APPLICATION SUBMITT	YEAR d. 6 e. 7 f. 8 HONE OF THE FOLLOW	NG b				
d.    Equipment		1,000.00 27,569.00 0.00 1,377.00 16,909,264.00 18,057,154.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES a. c. c. d. e. 16. THIS AWAR ON THE ABOVE	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) D IS BASED ON AN APPLICATION SUBMITT ITILED PROJECT AND IS SUBJECT TO THE ICE IN THE FOLLOWING:	YEAR d. 6 e. 7 f. 8 HONE OF THE FOLLOW	NG b				
d.    Equipment		1,000.00 27,569.00 0.00 1,377.00 16,909,264.00 18,057,154.00 0.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES a. c. d. e. 16. THIS AWAR ON THE ABOVE ON THE ABOVE ON BY REFEREN a. b.	NCOME SHALL BE USED IN ACCORD WITH : DEDUCTION ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) D IS BASED ON AN APPLICATION SUBMITI TITLED PROJECT AND IS SUBJECT TO THE IGE IN THE FOLLOWING: The grant program regulations.	YEAR d. 6 e. 7 f. 8 HONE OF THE FOLLOW	NG b VED BY, THE FEDERAL AWARDING AGENC S INCORPORATED EITHER DIRECTLY				
d.    Equipment		1,000.00 27,569.00 0.00 1,377.00 16,909,264.00 18,057,154.00 0.00	YEAR a. 3 b. 4 c. 5 15. PROGRAM ALTERNATIVES a. b. c. d. e. 16. THIS AWAR ON THE ABOVE OR BY REFEREI a. b. c.	NCOME SHALL BE USED IN ACCORD WITH: DEDUCTION ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) DIS BASED ON AN APPLICATION SUBMITI TITLED PROJECT AND IS SUBJECT TO THE ICE IN THE FOLLOWING: The grant program legislation	YEAR d. 6 e. 7 f. 8 HONE OF THE FOLLOWN TED TO, AND AS APPRO TERMS AND CONDITION TRANS, If any, noted below unit	NG b VED BY, THE FEDERAL AWARDING AGENC S INCORPORATED EITHER DIRECTLY				

2019.

## GRANTS MANAGEMENT OFFICIAL:

Chris Clark 200 Independence Avenue, S.W. Room 738-G Washington, DC 20201 Phone: 301-492-4319

17.0BJ CLAS	<b>SS</b> 4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. CONG. DIST	. 01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. а.	9-5990300	b. 1G13	31630A	C.	SIM	d.	\$0.00	e.	75-X-0522
22. a.		b.		C.		d.		e.	
23. a.		b.		C.		d.		e.	